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"NEC TENUI PENNA."

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B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

NITROUS OXIDE.

We continue this week our notices of the several anesthetics. If we have drawn them out to unusual length, it was because there was no subject of more importance to the profession of medicine; and if we have based our remarks chiefly upon the presentation of the subject given by Dr. J. C. Reeve in Hays's Journal, it was because we believe the subject was never before put better than in his admirable reviews.

Following upon chloroform and ether in point of importance comes the nitrous oxide. It is the only other anesthetic, in fact, which has any thing like a history, and it is an admirable history. "Dr. Turnbull gives the statistics of the Colton Dental Association up to 1870 as 75,000 administrations, and those of the Drs. Thomas, of Philadelphia, up to 1879, as 58,400, making a total of 133,400, without a single death and with not more than three in a thousand exhibiting unpleasant symptoms afterward." We don't know exactly how trustworthy these statistics are. As the morals of trade go, a tooth-pulling stock company might throw in a few thousands more or less of safe results without exciting remark; but the probabilities are nevertheless that nitrous oxide is safe, very safe, for its purposes. Dr. Kappeler records only three fatal cases, and Turnbull four. We remember just now but a single death having been credited to this agent in Louisville—ten or eleven years ago. As to "unpleasant symptoms" not accom-

panying the use of the agent, it strikes us greatly as a matter of taste, so far as appearances go; for we may swear that one will see far more pleasant sights than a patient under nitrous oxide. The affair is quickly over, however, and we can fully indorse every word that Dr. Reeve says about it. "Especially adapted as is nitrous oxide for dental operations, and safe as it has been shown to be, *the administration of any other anesthetic by a dentist should be considered criminal.*"

It is only in pulling teeth, however, that nitrous oxide has a place. It would be admirably adapted for other brief operations—lancing of felons, abscesses, etc.; but its apparatus is cumbersome and costly; and while long and severe operations, such as ovariectomy, have been performed under its influence, it has not made its way into general surgery. A curious attempt to do this is noticed by Dr. Reeve in a second review on anesthesia in the October "Hays." It was made by a Parisian genius, Paul Bert. "Anesthesia by the method of Paul Bert is by nitrous oxide and compressed air." We quote:

The theory of M. Bert is that as the gas must be administered pure this signifies that its tension must equal that of the atmosphere, and that therefore if the pressure could be increased to two atmospheres a mixture of fifty per cent of the gas and air could be respired, anesthesia be produced, and the actions of the organism proceed normally. Experiment sustained the theory. Animals which were caused to respire a mixture of five sixths of protoxide of nitrogen and one sixth of oxygen under a pressure of one fifth of an atmosphere became rapidly profoundly anesthetized, and remained so any length of time without symptoms of asphyxia supervening. The blood kept its normal color, the heart continued beating with

regularity and with its usual force. "In a word, all the phenomena of vegetable life continued with regularity, while those of animal life were absolutely abolished." On restoring the animal to the air it recovered sensibility and consciousness almost immediately. . . .

The next step was to test M. Bert's method clinically. An apparatus was provided, a chamber in which an increase of atmospheric pressure could be effected, and an ingrown toe-nail removed by the eminent surgeon Labbé. Another eminent operator, no less an one than M. Péan, tested the new method, and he has performed a number of operations under it, some of them of severity and of considerable duration.

But here comes in the trouble about the apparatus. That for the nitrous oxide alone is cumbersome enough, and in addition provision must be made for the compressed air. The operating-room must be air-tight, provided with pneumatic pumps, etc. The apartment will vary in size and of course in expense, according as provision is made for surgeon and patient, or is to include assistants or even spectators. A sheet-iron amphitheater, of the proper pattern, seating three hundred, is gravely mentioned by the French authority, at a cost of thirty thousand francs. Dr. Reeve is of the opinion that it is only necessary to state the case, but we think he might have helped the man out with suggestions. It occurs to us that if the surgeon, with patient and staff, could perform in a glass case, admirably adapted for air-tight purposes, any number of spectators could look through without entailing such expense upon the hospital authorities. Only eighteen operations—sixteen of these, by the way, by no less a person than Péan—are the only clinical proofs given of the method of M. Paul Bert; and this number Dr. Reeve, of course, decides as contemptible.

But in spite of the almost comical presentation of Bert's method, there is more in it than would appear. We judge so at least by reports from other sources than through the dentist Rottenstein, whose book Dr. Reeve was reviewing. At any rate M. Bert, who really is a genius, is to be credited with novelty in this direction.

THE EQUINE EPIZÖOTIC.

The influenza at present prevalent among the horses of Louisville, which appeared here ten days ago, is neither so general nor so virulent as the great epidemic of 1873, when every horse in the city, so far as we could learn, was disabled, and many died of pneumonia, meningitis, hemorrhagic pemphigus, and other complications. In that epidemic violent and incessant cough, soon followed by profuse nasal discharge of pus and general and excessive muscular rheumatism, were the more usual symptoms. Then, as now, horses in pasture were less universally and severely affected than those in stable. In 1873 many cases came on with almost the rapidity of a blow, and might truly be called a *coup de froid*. The present attack is quite general, is nothing more than an inconvenient catarrh.

The present, like the former epizootic, had its beginning in the northern cities and traveled South and West. Having no information of its course except that gained from the daily papers, which is incomplete and of uncertain exactness, it is not worth recounting, except to state that about three weeks ago it was first talked of in the papers and was said to have originated in Connecticut. No doubt the government will soon furnish reliable information upon the subject.

The treatment for this epizootic is *nil*, according to Dr. Harthill, an accomplished veterinary surgeon of this city. He recommends, as he did in the epidemic of 1873, good ventilation, blanketing, rest, and all the nutritious and easily-digested food the animals will take.

A KENTUCKY subscriber sends us the handbill of a shameless creature practicing at Rocky Hill, which says he has three diplomas signed by the most eminent physicians and surgeons in Kentucky. It is of course very bad; but our hands are full in looking after general morals of the profession, and we can not undertake special police service.

Correspondence.

LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

A Gynecological Warfare—The Vitalists and Mechanists—Henry Bennett—Pallen—Marion Sims—Grailey Hewitt—The Cervix always at fault—The Incisors and the Sutors.

Among the most lively discussions on hand just now here, as, I suppose, in most other centers of medical activity, is that among the obstetricians and gynecologists of the opposing vital and mechanical camps. The war broke out in the obstetric section at Cambridge, and a short engagement was fought with much vivacity; but the subsequent skirmishing in the outer fields, where the combatants bivouacked, was still more lively. The fire was opened by Dr. Henry Bennett, the veteran of many a well-fought field. Henry Bennett, as most people know, but as many are apt to forget, has rendered imperishable services to British gynecology—to the gynecological sections and practice, I may say, of all English-speaking people. Fresh from the hospitals of Paris, where he had achieved distinguished success as student, externe and interne, he brought to England the speculum—that mighty adjunct of inland hospitals to the alleviation of the sufferings of women. With it he also brought the preliminary knowledge and experience and the varied and well-grounded pathological and clinical knowledge necessary to enable him to gather the large crop which always lies ready for the sickle of those who are the first to use any new instrument of precision. The results of his labors are embodied in his classical plates and in "The Inflammation of the Uterus, its Cervix and Appendages, and the Connection of the Inflammatory Condition with other Diseases." Only the veterans of medicine remember the reception with which he met, and it was hysterically exciting to see him now fighting the battle of the inflammations against the young sempsters of the "mechanical school," as he had formerly to fight it against the discreet family physician who considered the speculum an indecent invention, borrowed from the clinics abounding in French prostitutes and an obscure area, against which the mind of the Anglo-Saxon matron would revolt, choosing death rather than disgrace. Bennett thence was the denunciator of the neglect of chronic inflammatory conditions of the uterus, cervix, or body, as the source of various mor-

bid conditions of the periods of pregnancy, of child-birth, and its results. "How often a practitioner," said he, "is summoned to a patient who is passing through her third or fourth pregnancy perhaps, with more or less suffering. She has what is technically called a "laborious pregnancy." She is suffering from severe sickness, from more or less hemorrhage, from pseudo-"menstruation." After gravely hearing her woes he gravely decides that she is sick, because she is—out of health. The fact is that she has started on her nine-months' journey with a coach which is out of order. The wheels creak, the springs break, the machine discharges its passenger, not because of any constitutional defect in the road over which it travels, or in any other diathetic conditions, but because of a local injury or defect which was unnoticed at the first, which has become exaggerated as this little organ, of the size of a hen's egg, has dilated and grown to the size of a pudding-bag, containing a baby, a placenta, a pint of water, membranes, *et alia*. The source of mischief has not been discovered, according to Bennett, because it has not been looked for.

As stated in the earliest edition of his work on uterine inflammation, published in 1845, and in the subsequent editions published in 1848, 1852, and 1861, he drew attention to an important pathological fact; viz. that chronic inflammation of the cervix or body of the uterus had a powerful and frequent influence in the production of various morbid conditions of the pregnant, parturient, and puerperal periods. During pregnancy it often gave rise to laborious gestation, to obstinate sickness, to hemorrhage simulating menstruation or otherwise, to abortion, and to the formation of placental tumors or moles. At the time of parturition it often gave rise to rigidity of the cervix, erroneously interpreted by most writers, to lingering, painful labor, to hemorrhage during labor and after it, and to adherent placenta. During the puerperal period it often gave rise to metritis, to ovaritis, and abscess of the lateral ligaments, to prolonged sanguineous and purulent lochial discharge, to arrested involution, to subsequent displacement in various directions, to retarded menstruation, to a host of morbid local symptoms of various forms affecting the bladder, the rectum, the anus, and the pelvic viscera in general, and to numerous constitutional sympathetic symptoms more or less marked and severe. These clinical facts had been ascertained (1) by the sur-

gical examination of pregnant women up to the sixth or seventh month of pregnancy, whenever they presented the uterine symptoms referred to; (2) by the surgical examination of women six weeks or two months after delivery, as a rule, whenever they had presented any of these morbid conditions during pregnancy, during parturition, or during the puerperal condition.

Hereupon rose up Grailey Hewitt, who has what he calls convictions, and what his friends call "a craze," that the beginning and end of uterine disease, diagnosis and treatment, lies in malpositions of the uterus and their rectification by mechanical treatment. Bennett had made the very simple statement that if medical men had not a most groundless fear of examining pregnant women, to see what was the matter, they would, nine times out of ten, find local inflammations, fungoid granulations, and the like, which being treated their patients would cease to vomit, to bleed, and to abort.

Grailey Hewitt has a horror of the word inflammation, and ulceration is to him a non-existent condition which to mention excites him to great wrath. He indulged in comically plain speaking. To talk of inflammation of the cervix as a cause of uterine disturbance or disorder was, he said, to resort to a bygone and obsolete pathology. Inflammation was a word that ought to be expelled from uterine pathology, and (referring to his recent practices in the "mechanical treatment of uterine affections") he added that in the most recent and advanced treatises on the subject it would be found that it had been carefully eschewed, and no mention could be made of any thing so obsolete. Ulceration had been annihilated by searching criticism. "Pressure of a distorted uterus," complete with other mechanical conditions, was the main cause of vomiting in pregnancy.

These opinions, uttered with all the gushing earnestness which is, in Dr. Hewitt's delivery, characteristic of the combination of fanaticism and asthma, for which he is remarkable, caused much amusement; and when Dr. Grailey Hewitt went to speak of "fractional" treatment of the vomiting of pregnancy as the great panacea there was a general titter. Bennett retorted rather hotly, observing that those who purchased uterine handbooks from which the words inflammation and ulceration were so rigidly excluded would perhaps need to supplement them to others in which the existence of a mucous membrane was not denied to the

uterus, as the pathology of such a membrane ignored.

Subsequently Dr. Montrose Pallen, of New York, read a paper on the Etiology and Treatment of Lacerations of the Cervix Uteri, from which it seemed to follow that about twenty-five patients out of every hundred (two hundred out of nine hundred gynecological patients seen in six years in a New York clinic) suffered from laceration of the cervix uteri, which either interfered with the generative functions or produced more or less disease. These lacerations required to be sewn up; sometimes to be pared; but the right thing was to look for them after labor, and within a few days after labor to take the poor woman and sew up these unhappy lacerations. Dr. Marion Sims quite approved of this, but seemed rather doubtful whether it might not be possible to have too much of a good thing, and whether some "unnecessary" sewing up were not practiced at this moment in New York. He intimated indeed that he thought it was. This episode has created some alarm in the minds of the uninitiated who are not gynecologists. When Dr. Sims was first here he demonstrated to the satisfaction of a great many people, and indeed seemed almost to have established it as a canon in practice, that a great number of women are suffering from complaints which require that the cervix uteri shall be lacerated to the extent of complete division; and we were under the impression that, according to the well-established experience of Marion Sims and his school, about twenty to twenty-five per cent of the gynecological patients are required to have the cervix uteri divided in order to be restored to health. But if now we find that at least as many are suffering from complaints which require that cracks, cuts, and fissures of the cervix shall be shut up it seems as if the greater part of the energies of that most fearfully numerous, highly intelligent, and active class of practitioners who, either as specialists or as family doctors, have a claim to the title of gynecologists will in future be divided between splitting up the cervixes of those women who yet possess them entire, or uniting with horsehair or silver wire those which are by nature cracked or fissured. The general moral would then be open to deduction that in respect to the uterus whatever is wrong, and whatever is not ought to be brought about. Between the mechanists, the vitalists, the incisors, and the sutors of the womb, that long-suffering organ is likely to have any thing but a quiet time; and it

is perhaps hardly surprising that men like Henry Bennett, who are largely responsible for the introduction of this alarming instrument of precision should, at the close of a long and honorable career, adopt a conservative attitude, having some of his enthusiastic young friends to display less zeal and try a little more cool observation.

To the Editors of the Louisville Medical News:

We observe from the printed programme of the Tri-State Medical Society that Dr. J. P. Thomas, of Pembroke, Ky., is mentioned as *second vice-president*, when he was elected *first vice-president*. This correction should be made in justice to Dr. Thomas.

J. W. SINGLETON,
JOSEPH W. THOMPSON.

PADUCAH, KY., Oct. 16, 1880.

[The suggestion of Drs. Singleton and Thompson is cheerfully complied with.—
Eds. News.]

Reviews.

A Practical Treatise on Tumors of the Mammary Gland; Embracing their Histology, Pathology, Diagnosis, and Treatment. By SAMUEL W. GROSS, A. M., M. D., Surgeon to and Lecturer on Clinical Surgery in the Jefferson Medical College Hospital, etc. Illustrated with twenty-nine engravings. New York: D. Appleton & Co. 1880. For sale by John P. Morton & Co. and Bradley & Gilbert, Louisville.

Dr. Gross has given to the profession, in his Treatise upon Tumors of the Mammary Gland, one of the most useful and original surgical works of the nineteenth century. It is but honest and just praise to say that in this treatise the author shows himself the intellectual peer of his great father, America's great surgeon.

Dr. Gross advocates the early and thorough extirpation by the knife of suspicious tumors, and a repetition of the operation as often as the malign growths may show themselves. He demonstrates the wisdom of his advice by voluminous favorable statistics. He is a disbeliever in the constitutional nature of carcinoma and also in heredity, except as the transmission of a tendency. He points out the dangers of psoriasis and eczema of the nipple as precursors of carcinoma. Of this degeneration we have no doubt, nor have we less doubt of the importance of constitutional treatment in malig-

nant and suspicious tumors. Arsenic, there is strong reason for believing, may cure cancer, and that the constructives do prolong life in malignant affections we are positively sure.

Dr. Gross's work comprises thirteen chapters. In these all the branches of his subject are carefully, thoroughly, and systematically treated.

The commendations by the journals of Dr. Gross's book are singularly unanimous. Not an American or foreign journal, in reviewing it, has failed to give it the highest praise. It is octavo, and contains two hundred and forty-six pages, with twenty-nine engravings. It costs two dollars and a half in cloth. Every surgeon should possess it, and those who wish a copy of the first edition should purchase soon.

Books and Pamphlets.

LITHOLOPAXY AND LITHOTOMY. A Report of Eight Cases of Removal of Stone from the Bladder by those Methods. By H. O. Walker, M.D., of Detroit, Professor of Anatomy and Genito-urinary Diseases in the Detroit Medical College. Read before the Society at Grand Rapids, May 13, 1880.

SOME PRACTICAL SUGGESTIONS IN THE TREATMENT OF DIPHTHERIA. By R. J. Nunn, M.D., Savannah, Ga., Professor of the Practice of Medicine in Savannah Medical College, President of Georgia Medical Society, etc. Reprint from the Independent Practitioner, September, 1880.

MEDICAL LIBRARY JOURNAL. Vol. I, No. 1. Boston, October, 1880. Terms: \$1.25 per annum; single copies, 10 cts.

The first number of this journal is a creditable production.

THE INDICATIONS FOR TREATMENT IN FRACTURES OF THE ELBOW. By Lewis S. Pilcher, M.D. Reprint from the Annals of the Anatomical and Surgical Society, Vol. II, No. 9.

An interesting contribution to surgical literature.

HERNIA IN CHILDREN: Based on a Study of Five Hundred Cases under personal observation. By Edward Swasey, M.D., of the Hospital for the Ruptured and Crippled, New York. Reprint from the American Journal of Obstetrics and Diseases of Women and Children, July, 1880.

This is a valuable brochure.

THE AMERICAN FARMER OF AMERICA. By Augustus Mongridge, Author of Free Trade and English Commerce. Cassell, Petter, Galpin & Co. London, Paris, and New York.

This pamphlet is a document of no little practical interest to American agriculturists.

ON THE AFFECTIONS OF THE MIDDLE EAR DURING THE EARLY STAGES OF SYPHILIS. By F. R. Sturgis, M.D., Clinical Professor of Venereal Diseases in the Medical Department of the University of the City of New York, etc. Reprint from Boston Medical and Surgical Journal, June 3, 1880.

Every thing from this conscientious observer well repays perusal.

QUARTERLY EPITOME OF PRACTICAL MEDICINE AND SURGERY, BEING AN AMERICAN SUPPLEMENT TO BRAITHWAITE'S RETROSPECT. Part II, June, 1880. Terms: \$2.50 a year, in advance, postage prepaid; quarterly parts, 75 cts. New York: W. A. Townsend, publisher.

No doctor is too poor to find this journal a good investment at its price.

SCIENCE: A Weekly Record of Scientific Progress. Illustrated. Vol. I, No. 11, September 11, 1880. New York.

This publication promises well, but we have no patience with any journal issued with uncut leaves. Time is too valuable to be wasted in cutting journal-leaves.

THE FARMER'S MAGAZINE AND KENTUCKY LIVE STOCK MONTHLY. John Duncan, editor and publisher. Subscription-rates: One copy sent one year, postpaid, \$2; six months, \$1; three months, 50 cts.

The readers of the NEWS who are interested in agriculture will find this a valuable source of information. It is a plain, practical, common-sense publication.

IN MEMORIAM: FRANK HOWARD DAVIS, M.D. Died, at Chicago, Tuesday, August 17, 1880, aged thirty-two years, two months, and twelve days. Reprint from the Chicago Medical Journal and Examiner for September, 1880.

This is a handsome and worthy tribute to one of the purest, gentlest, and best of men, who in all the offices of life, private and public, did his whole duty faithfully, earnestly, and acceptably.

THE SPECIALIST AND INTELLIGENCER: A Monthly Journal of Medical Science, devoted specially to the publication of original and selected articles on diseases of the eye, ear, throat, and skin, venereal diseases, etc., including reports of societies, home and foreign news, and other information connected with these specialties, and to a complete record of medical literature, book-reviews, and criticisms. Edited by Chas. W. Dulles, M.D. Vol. I, No. 1. Philadelphia, October 1, 1880. The Specialist and Intelligencer is addressed to that class of medical practitioners, in the cities and in the country, who have not the opportunity or the time to cull for themselves what they can use of the information now accumulating in books and journals devoted to special departments of medicine. The Intelligencer has been merged into this journal, which will be sent the balance of the year to its subscribers. Presley Blakiston, publisher, 1012 Walnut Street, Philadelphia.

This, the latest-born medical journal, gives promise of great respectability.

A CONTRIBUTION TO A KNOWLEDGE OF FRACTURE OF THE RIM OF THE ACETABULUM, BASED ON THE REPORTS OF TWENTY-SEVEN CASES AND EXPERIMENTS ON THE CADAVER. By Nicholas Senn, M.D., of Milwaukee. Reprint from Transactions of the State Medical Society of Wisconsin.

This is an interesting and important pamphlet, and will be read by surgeons with profit.

ROCKY MOUNTAIN MEDICAL REVIEW: A Monthly Journal of Scientific Medicine and General Science. Edited by A. Wellington Adams, M.D.; Jas. A. Hart, M.D., assistant editor. Associate editors: W. H. Williams, M.D., Denver; Jacob Reed, M.D., Colorado Springs; F. J. Bancroft, M.D., Denver; B. P. Anderson, M.D., Colorado Springs. Vol. I, No. 1, September, 1880. Subscription: \$5 per annum, payable in advance; single copies, 50 cts.

The first issue of this journal has reached us, and gives promise of being a first-class publication. It is exceptionally well printed, is full of good matter, and deserves success. It is added to our exchange-list.

Miscellany.

A RATTLESNAKE BITE.—An extraordinary account of recovery from a rattlesnake bite has been published in Land and Water, by Dr. Arthur Stradling, of H. M. S. Elbe, who has apparently been making some experiments, no doubt well intended but most unwisely ordered, in the endeavor to discover an antidote. He had arranged for the snake—a small *Crotalus horridus* about eighteen inches long—to bite his right arm above the wrist, and he grasped the creature with his left hand protected by a thick leather glove (Lancet). The snake, however, managed to wriggle through his fingers and bit him on the back of the left forearm, leaving one of its fangs sticking in the wound. Putting it back in the box, he picked out the bit of fang with a pair of forceps and sat down to watch the result! This was at one o'clock in the morning. He had ligatures, ammonia, brandy, and nitric acid at hand in readiness; but the value of the caustic and ligature could not be great, since he waited for the symptoms of absorption before applying them. He went on waiting for four hours, until 5 A.M. Then he noticed that the lymphatics higher up the arm were swollen and inflamed, and almost at the same moment he became aware of light-headedness, and of a burning sensation traversing his whole frame. There seemed to be great vascular and

mental excitement, yet his temperature was down to 96° . After this evidence of absorption he applied the nitric acid to the bite, but almost immediately became irresistibly drowsy, and then unconscious. At 11 A.M., ten hours after the bite, he was found insensible, pale, pupils contracted, feet and legs cold, but with an axillary temperature of nearly 100° ; the intercostal muscles, arms, and legs were paralyzed; the diaphragmatic respiration was irregular. A medical man on board sucked the bites and cauterized them freely, and gave ether and ammonia every half hour. There was no movement of the body until three in the afternoon, when a tetanic spasm occurred, followed by hiccup and twitching of the muscles about the shoulders. The experimenter then recovered consciousness, slowly regained power over the limbs, and slept for twelve hours. After this he was well, except for prostration. It is hardly possible to conceive an experiment made under more reckless conditions—an experiment with a rattlesnake in solitude, in the middle of the night, and by an observer apparently ignorant of the rapidity with which the action of the poison once set up develops. The result teaches nothing new, and it is difficult to understand what, under the circumstances, could be learned from it.

ONIONS IN CONSUMPTION.—William H. Pearse, M.D., Edinburgh, Physician to the Plymouth Public Dispensary, in an article on Consumption, in the Medical Press and Circular, recommends onions very highly in this disease. In this connection he says:

"I have in a former paper mentioned the frequent desire of phthisical patients for onions, salted and smoked fish, etc. Of those asked, forty had a great desire for onions against eight without such desire. Twenty-six desired pickles and vinegar against four who did not. I can not avoid again remarking on the frequency with which onions are debarred young delicate people and phthisical patients. It is a continually recurring experience with me to hear young people say how great is their desire for onions, and which are often preferred raw, eaten with a little salt; and it is rarely that I have heard that onions disagree.

"I conceive that it is of the greatest importance to follow Nature's lead in the matter of the appetite. . . I conceive, further, that a marked passion for a special food, such as that of the phthisical for onions, puts us on a right path toward further knowledge."

ANOTHER DISCOVERY.—Prof. Swift, Astronomer of Warner Observatory, at Rochester, discovered another large comet on the evening of October 10th. The fact was noted in the associated press dispatches, but some important and interesting details that could not be telegraphed are herewith given. The new celestial visitor is in the Constellation of Pegasus, right ascension, twenty-one hours, thirty minutes, declination north seventeen degrees, thirty minutes. Its rate of motion is quite slow, being in a northwesterly direction, so that it is approaching the sun. It has a very strong condensation on one side of the center in addition to a star-like nucleus, which indicates that it is throwing off an extended tail. From the fact of its extraordinary size we are warranted in presuming that it will be very brilliant, and the additional fact that it is coming almost directly toward the earth gives good promise that it will be one of the most remarkable comets of the present century. This is the fifth comet which Prof. Swift has discovered, and the increased facilities which Mr. H. H. Warner, the popular and wealthy medicine man, has given him, by erecting a magnificent observatory for his benefit, promise much more for the future. There is a possibility that further developments may prove this to be the great comet of 1812, which is being constantly expected, in which event astronomers will have an unusual opportunity to test the spectroscope for the first time upon these eccentric bodies, and ascertain certainly what they are.

MASSACHUSETTS LAW.—If a person returning from a funeral on the Lord's day take a circuitous route through another town, solely for the purpose of making a social call on a friend, and thus sustains an injury from a defect in the highway, it is not a question for the jury whether he was then traveling "from necessity or charity" within the General Statutes, but as a matter of law he can not recover of the town liable to keep the highway in repair.—*Boston Med. and Surg. Jour.*

DR. AUSTIN FLINT, JR., has been invited to the Chair of Physiology in the Jefferson Medical College, Philadelphia, but has declined, preferring to remain at Bellevue Hospital College, New York. We congratulate Bellevue on this decision of Dr. Flint, who must be regarded as not only one of the most advanced teachers in the states, but one of the best friends of higher medical education.—*Lancet.*

QUININE PRODUCTION IN INDIA.—The Pall Mall Gazette says that the experiments begun ten or twelve years ago for naturalizing in certain parts of India the best varieties of the cinchona or peruvian bark tree have been attended with the most remarkable success, and with beneficial effects still more remarkable (*British Med. Journal*). In the treatment of the fevers and other forms of disease endemic in India the employment of quinine has always been a chief means of cure and of prevention. But the increasing demand had raised the cost of the imported drug to a point which rendered its use impossible to millions and tens of millions of the poorer classes of India. Hence it occurred to a few of the more enterprising spirits in the Indian government that vigorous efforts should be made to acclimatize the cinchona tree itself in certain districts of India and in Ceylon. The experiments have been entirely successful, and there are now in various stages of growth probably millions of cinchona plants already yielding the peruvian bark so plentifully and so perfectly that the price of quinine has fallen in Ceylon, and other parts, to about two rupees (three shillings six pence) the ounce, and to fifty cents the ounce for preparations of a diluted strength. There is the strongest possibility, amounting to certainty, that in six or seven years the Indian production of quinine will be so large, and the price so low, that it will become a considerable article of export; bearing in mind that every fall in price means extending use in India in the cure and prevention of fever and disease, and therefore the cure and prevention of want and suffering among the poorest class of the native population.

CADAVERIC ALKALOIDS.—The properties of the alkaline compounds which are formed during the decomposition of animal tissues have been the subject of an investigation by MM. Brouardel and Boutmy, which has been communicated to the French Association for the Advancement of Science (*Lancet*). Such substances have been called *ptomaines*, and they have been found in the bodies of individuals who have died a natural death, and also in those who have been poisoned. In cases in which the tissues are to be subjected to chemical analysis it is important to prevent the formation of these alkaloids, and the most efficient agent for this purpose is cold; and hence M. Brouardel has arranged for bodies which are to be subjected to anal-

ysis to be kept in the Morgue in chambers of refrigerated air. The "*ptomaines*" come into the general class of organic alkaloids, and many of them are most energetic poisons, others being quite innocuous. Though there are many distinct substances in the class, identical bodies are formed under very different conditions of putrefaction. The same alkaloid, for instance, was found in two individuals who were poisoned, the one by carbonic oxide, the other by prussic acid. A few are fixed, but the majority are volatile. A substance closely analogous to veratrine was found in a body which had been eighteen months in the Seine, and another in a goose which had been subjected to the heat necessary for cooking. Certain of these substances are clearly poisonous to man, and apparently cause the toxic effects which occasionally result from eating decomposing meat. Symptoms of serious poisoning occurred, for instance, in twelve persons who had partaken of a putrid goose which had contained a peculiar alkaloid, and one of these persons died in a few hours after nausea and vomiting. These poisonous substances may be quickly formed, for in this case the goose had been purchased in the market in the morning of the day on which it was eaten.

CULPABLE FORGETFULNESS.—The Schor-dau Stipend was founded some years ago in the Medical Faculty for the University of Pesth for the purpose of paying the expenses of poor medical students, so as to enable them to continue at the university (*Allg. Wein. Med. Zeit.*). The stipend is, however, properly only a loan, and on the receipt of the money the recipient makes a declaration on his word of honor that as soon as circumstances permit he will repay the loan, in order to enable a greater number of poor students to benefit by the stipend. Out of kindness the founder forbade the recipient being pursued for the debt. For many years past several poor students have received this stipend, and several of these have become wealthy practitioners; but the *Neue Pester Journal* declares that not one of them has ever thought of repaying the loan!—*Med. Times and Gazette*.

TO DRAIN LANDS.—The following stunning Sunday-school joke is from the Sanitarian: Drink whisky and spend all of your time at a village saloon. This receipt will surely drain you of all your lands in a very short time.

THE APOSTATE'S CREED.—The following very clever hit at the scientific unbelief of the day, written by Mr. A. Bierbower, of this city (Cincinnati Lancet and Clinic), appears in the last issue of the New York Independent:

I believe in a chaotic nebula, self-existent, evolver of heaven and earth, and in the differentiation of the original homogenous mass, its first-begotten product, which was self-formed into separate worlds, divided into land and water, self-organized into plants and animals, reproduced into like species, further developed into higher orders, and ultimately refined, rationalized, and perfected in man. He descended from the monkey, ascended to the philosopher, and sitteth down in the rights and customs of civilization under the laws of a developing sociology. From thence he shall come again, by the disintegration of the heterogenized cosmos back to the original homogeneousness of chaos.

I believe in the wholly impersonal absolute, the wholly uncatholic church, the disunion of the saints, the survival of the fittest, the persistence of force, the dispersion of the body, and in death everlasting.

THE old, old story of Ricord, who attended the opera and outvied all others in his applause, but who, as it afterward turned out, applauded the effects of iodide of potassium upon a signer's arm rather than the singing, has been revamped, and is going the rounds of the medical press credited to the Louisville Medical News.—*Michigan Med. News.*

[We are glad that our namesake gives us credit for our old stories. It is not over-conscientious about our new ones. How well it tells an anecdote, by the way!]

LONDON FOGS.—Dr. Frankland, who has been studying London fogs, finds that the fogs occur in comparatively dry air, and that they can not be considered as a sign of dampness. Their persistency in a dry atmosphere he has found to be due to a coating of oil, derived from coal smoke, upon the surfaces of the minute vesicles of water composing the fog, and which effectually hinders the evaporation of the water.

MISS ALICE A. J. S. KERR, M.D., has been elected resident assistant medical officer at the Children's Hospital, Birmingham. The lady received ten votes, or two in excess of the number given for Mr. J. L. Thomas, surgeon, the other applicant for the office.

Selections.

Some Remarks on "Malaria" and "Climatic Influences" in Relation to Tropical Fevers.—Extracts from a paper by Surgeon-general C. A. Gordon, M.D., C.B., Q.H.P., in the Medical Times and Gazette of October 2, 1880:

If we desire to indicate the exact nature of the entity or influence to which, in ordinary discussion, the term *malaria* is applied, we shall fail in that endeavor. On the one hand the term is applied to the gaseous products of vegetable and animal decomposition; on the other generally to the producing causes of certain endemic, epidemic, and specific diseases; but the circumstance has long been acknowledged as a fact that diseases manifesting all the characters and phenomena of those usually attributed to organic decomposition occur also in persons residing in localities and under conditions where it is impossible to trace the existence of any such products. Then again there is the *mal-aria* which arises from human beings crowded together, more particularly where other insanitary conditions also exist. There is in this instance no question as to the appropriateness of the term, nor do the results of experience leave room to doubt that such conditions are of themselves capable of producing disease, the type and virulence of which are affected by the nature and intensity of that totality of influences to which the term "climatic conditions" is generally applied—those influences comprising "heat, light, and electricity, the variations of atmospheric pressure, the rapidity or amount of evaporation and radiation which affect vital processes in the human body."

The occurrence of *malaria* as a specific entity can readily be understood in relation to swamps, narrow, confined, and densely-wooded valleys, beds of former rivers, certain Indian jungles, and even on alluvial plains in tropical countries; but the theory of such an entity existing entirely fails to explain the occurrence of what are usually recorded as *malarial* diseases, including fevers, dysentery, hepatitis, cachexia, neuralgia, and so on in localities where no decomposing organic matter exists. Thus, in South Holland, in August, 1794, after a very dry and hot summer, our troops suffered severely from fever, notwithstanding that the soil consisted of a level plain of sand, its surface dry and (except a few stunted plants) destitute of vegetation. At Walcheren, in 1809, our army was all but destroyed by *malarial* fever, although that island is composed entirely of white sand intermixed with clay, but with this very serious disadvantage as regards requirements for health, that it is below high-water mark, and protected from inundation by means of dykes. It was thus impossible to find the existence of *malaria* as such in that island; but such were the effects of the general influences included under the term *climate* of the locality, that for many years subsequently those who had been subjected to them suffered from recurrences of *malarial* fever. On the island of Ascension, at Gibraltar, and in the Ionian Islands, *malarial* diseases affected and still affect our troops, notwithstanding that *malaria* as such does not exist; hence their occurrence is due to the sum of climatic influences which produce an effect exactly similar to that assigned to the entity so called; therefore the expressions "*malaria*" and "*climatic influences*" with regard to those localities have obtained an interchangeable significance, although im-

plying a precision which, as a matter of fact, does not and can not exist.

In America, near the Orinoco, malarial diseases are described as occurring in localities where there is no *malaria* as such. At Port of Spain, in Trinidad, the anomaly is recorded of residents enjoying comparative immunity from fever, notwithstanding the place is surrounded by a swamp; and yet the same persons, if they take up their abode for a single night in La Vantile Hill, in the immediate vicinity, and overlooking the bay of Trinidad, suffer from fever in its severest form. It is on record that at Baïa a French army suffered very severely from malarial fever, although *malaria* as an entity was non-existent. At Hong-kong, as at Cape Coast, what are ordinarily described as *climatic* fevers are most severe and deadly. At both places the soil is dry and hard; at the former vegetation is sparse; at the latter dense, but not so in the sense of an Indian jungle; at both the underlying rock consists of decomposing ferruginous granite, and at both the alternations in meteorological conditions are so great and so sudden that the extent to which they are so, and thus affect even the sensations, can only be appreciated by a person who has served at those places and survived the ordeal. *Malarial* diseases prevail at both in their most intense form, but residents do not speak of them under that term, but as *climatic*. In several parts of India malarial diseases prevail extensively, and yet *malaria* as such is not found to exist. Thus, in Scinde and in the Punjab the soil is for the most part composed of sandy alluvium upon clay, or, as at Kurrachee, upon magnesian limestone, yet *malarial* fever, neuralgia, and malarial cachexia prevail in those provinces. Many subjects of the latter affection have annually to be sent to England with a view to recover their health; and being so, their particular condition is, among persons practically acquainted with the effects of endemic influences, well understood under the term "climate-struck."

From the particulars now given the following conclusions are, I think, fairly to be drawn, namely:

1. That although in certain localities indicated the presence of an entity, *malaria*, has, and apparently with good reason, been assumed the precise nature of that entity remains undemonstrated.

2. In other and many localities diseases, the character of which is by consent admitted to be *malarial*, occur in the absence of any possible *malaria* in the sense of gaseous products of decomposition of vegetable or animal matters; nor are such localities indicated by any invariable characters of their own.

3. This being the case, such diseases, *malarial* in their phenomena, can only be assigned to *climatic* and other influences operating in those localities. Hence interchange in regard to the significance of the expressions "*malaria*," "*climate*," "*climatic*," and "*endemic*" influences becomes readily adopted in the conversation and writings of medical officers and others who serve at such places, although with difficulty appreciated by their more fortunate brethren who are spared that ordeal.

4. But it becomes practically impossible to distinctly draw the line between such diseases as are caused by the *malaria* of swampy and otherwise *malarial* districts in India and the tropics generally and such as occur in dry and arid districts, and with atmospheric or climatorial conditions peculiar to them, except in a few instances, and chiefly in the early stages of attack. Thus, as regards fevers the onset is more ardent in the dry locality than in the swampy;

heat-apoplexy common in the dry, not so in the swampy; dysentery more acutely inflammatory in the former than in the latter; but the rule remains as expressed.

5. Not only have I ample authority, as indicated in the extract already given for such use as I have made of the expressions of "*malaria*," "*climate*," and "*climatic* influences," in my official reports on "*enteric*" fever, but the manner in which those expressions are made use of is accepted and perfectly understood by medical officers of considerable service in tropical countries.

Finally, I consider I have grounds for believing that the investigation of disease as regards India and the tropics generally is in England liable to be conducted differently from that of other branches of natural history. Thus, with regard to disease a *type* is adopted as a standard, such as presents itself in England, the phenomena of species or varieties of that particular disease as existing in those countries *constrained* so as to be accommodated to that type; whereas with regard to, for example, a plant or animal the particular type is taken exactly as it presents itself where met with, each species or variety studied independently and with reference to its own characteristics. If this be so, it appears to me that benefit to those most concerned—namely, the sick—would accrue from the study of Indian diseases and their *causation* more from an Indian, less from an English, point of view than that according to which, in some instances at least, their investigation has of late been conducted.

Treatment of Choleraic Diarrhea by Hypodermic Injection of Morphia.—Dr. W. Hardman, C.M., etc., writes to the *Lancet* of October 2d:

In the *Lancet* for September 27, 1879, appeared a communication from me on the subject of the treatment of choleraic diarrhea by the hypodermic injection of morphia. I will recapitulate the conclusions I there ventured to draw from an extensive experience of over three years' routine use of this method:

1. Choleraic diarrhea can be always immediately stopped by the administration of morphia hypodermically.

2. If severe diarrhea have persisted over two hours in spite of the administration of morphia or opium by the mouth frequently, the hypodermic injection of morphia should be at once resorted to.

3. If cramps and collapse be present, the purging persisting, no time should be lost in administering morphia subcutaneously in full dose.

4. The treatment is absolutely free from danger, even if temporary suppression of urine or albuminuria be present.

5. Where not curative the treatment is diagnostic, enabling us to foretell with certainty the advent of dysenteric symptoms.

6. The best preparation of morphia for this and other hypodermic purposes is the sulphate, on account of its smaller liability to undergo change into apomorphia. For a knowledge of this last fact I am indebted to my friend Mr. H. O. Thomas, of Liverpool. Obstinate vomiting may persist for twelve to forty-eight hours after the purging is stopped, but need occasion no anxiety. It is the purging that kills.

A case of suppression of urine for nine days is reported by Dr. George F. Bates in the *Medical Record*. Death ended the case.

Recent Researches on the Action of Drugs.

—Certain recent researches into the effect of large doses of strychnia have brought to light some most remarkable facts. In poisoning by this agent the convulsions and toxic action are remarkably lessened by artificial respiration (Lancet). This was first shown by Rosenthal, who asserted that double the ordinarily-fatal dose was necessary, under these circumstances, to cause death. Experiments which in the main confirm these statements have been made by Leube, Pauschinger, and Buchheim. M. Richet, however, has recently informed the Académie des Sciences of the startling fact that when artificial respiration is maintained a dose of strychnine one hundred times that which is usually fatal may be administered without causing immediate death, and that the effects are altogether different from those which result from ordinary doses. The quantity of strychnia which is fatal to a dog of ordinary size is two or three milligrams. If one centigram is injected beneath the skin or into the saphenous vein of a dog in the trachea of which a cannula has been placed the animal is seized in about a quarter of a minute with a violent convulsive attack, which would be fatal were it not for artificial respiration. Under the latter, however, the attack ceases in a few seconds, and the heart, after a period of irregular action, resumes its normal pulsations. Still larger doses of strychnine can be thus injected without causing the death of the animal. The toxic phenomena vary according to the dose injected. There is first a tetanic period, and later a convulsive stage characterized by violent, incessant, spasmodic contractions of nearly all the muscles. A little later, when the quantity of strychnine injected exceeds one centigram per kilogram of body-weight—say one decigram, a grain and a half for an average-sized dog—a stage occurs which may be termed choreic, marked by violent rhythmical shocks, recurring at intervals of three or four seconds and separated by periods of almost complete resolution. When the dose exceeds four centigrams per kilogram of body-weight—say half a gram, or seven grains, to a medium-sized dog—the choreic shocks do not occur; there is a final stage of complete resolution, when reflex action is abolished, spontaneous respiratory movements have ceased, and the heart contracts with frequency but regularity. The pupil, dilated at the onset, becomes strongly contracted. Arterial blood-pressure, raised at the commencement of the poisoning, gradually falls, and the rectal temperature varies correspondingly, rising during the convulsions to 105° or 106° F., to fall to 96° during the period of resolution.

Dogs and rabbits to which these large doses have been given may be kept alive four or more hours by artificial respiration. If the latter is interrupted for a few seconds—say for half a minute—the heart stops and the animal is dead. Loss of blood, even of a small quantity, will also cause death. In order to insure success in these experiments the strychnine has to be injected with a certain slowness, an hour being given for the injection of half a gram (seven grains). The artificial respiration must be vigorous, and success is more readily obtained with rabbits and small dogs than with larger dogs. If instead of these large doses very small quantities are employed—say one milligram per kilogram of body-weight—death occurs rapidly by syncope. The cardiac failure is not at first fatal, but after three or four attacks the animal dies. When the dose injected is fifty times as much these syncopal attacks do not occur, and it can then be as-

certained that the pneumogastric has scarcely any action upon the heart. The muscles preserve their normal irritability. The action of the motor nerves is lessened, but is not abolished. Thus the complete absence of spontaneous movements is to be ascribed to the effect of the strychnia upon the spinal cord rather than to the loss of the functions of the motor nerves or of their terminations. The animal is in a condition analogous to that produced by chloral or alcohol.

We can not from these experiments derive much hope of dealing more successfully with strychnine poisoning. As the poison is eliminated, and its dose thus lessened, its effect upon the heart increases and death results from syncope. But in cases in which it is important to prolong life for a few hours this might be effected by prompt tracheotomy and vigorous artificial respiration.

Non-venereal Syphilis.—In rather more than a third of all cases of syphilis we find intentional or unintentional ignorance of whence or how the disease was acquired, with non-recognition of the nature of the initial sclerosis until later symptoms appear. The laity still look upon syphilis as necessarily coming from a lesion upon the genitals of one person and necessarily received by the genitals of another—two errors. The lesion serving as origin of the virus may be situated any where upon the person infecting; the excoriated spot receiving the contamination may be upon any part of the body of the person infected. V. Sigmund cited one hundred and sixty-six cases of extra-genital primary sclerosis. His assistant, Dr. Mracek, now adds eighty additional cases to this list. Of these, more than half (forty-four) were due to direct contact of syphilitic patients with non-syphilitic persons, such as physicians, wetnurses, ward-tenders, midwives, pursuing their professional duties; innocent women and children from a kiss; both sexes from scratching, sucking or biting, fingering, or "mistaken identity" (Juvénal), in war or love, when intoxicated or not. Mediate infection from sugar-tarts, spoons, nursing-bottles, surgical instruments, pipes, clerical water-closets, tools (glass blowers'), and possibly toilet utensils, goblets, or dishes, was less common, and, though not always susceptible of proof, in many of these cases immediate contagion could justly be suspected. The reports of Jullien, Lancereaux, Aimé Martin, and Fournier swell this list to four hundred and seventy-seven cases. More recently five cases have been reported by Zeissl, two by Weinberg, nineteen by Hulot, Spillman, Bulkley, and Plumert. —*Boston Med. and Surg. Journal.*

Extraordinarily Low Temperature.—Dr. Koslrew reports the case of a powerful, muscular Cosack, thirty-two years old, who, falling from a height, received a severe wound of the scalp penetrating to the bone (*Centralb. für Chir.*, July 24th). He lived for five days after, his pulse being only 44, and the temperature exhibiting only, on repeated and exact measurements, from 27.2° C. (80.8° F.) to 28.5° C. (83° F.) in the morning, and from 26.5° C. (79° F.) to 29° C. (84.2° F.) in the evening. On examination the skull was found uninjured. The blood of the sinuses and dura mater was of the color and consistence of tar, and the base of the brain was also gorged with a similar fluid. The medullary substance was of a doughy consistence, and exhibited numerous blood-points wherever sections were made. —*Med. Times and Gazette.*

Calomel and Iodide of Potassium in Eye Diseases.—In the *Archiv für Ophthalmologie*, xxv, Dr. Schlaefke, in a paper on the simultaneous use of calomel and iodide of potassium in the diseases of the eye, draws the following conclusions (*Med. Press and Circular*): 1. When a patient is taking iodide of potassium, calomel applied to the eye causes severe inflammation; this fact was known previously, but forgotten. 2. Iodide of potassium taken internally rapidly spreads through the body; appears quickly in the various secretions, and may be detected in a few minutes. 3. When iodide of potassium is given in doses of forty centigrams twice a day it is found in noticeable quantity in the tears. 4. Whereas calomel is very slightly soluble in water, it is ten times as soluble in a solution containing seventy-five per cent of chloride of sodium. 5. When placed on the conjunctiva calomel is quickly dissolved and exercises a chemical action. 6. When this effect is produced in a patient taking iodide of potassium we find in the tears iodide and biniodide of mercury, and these caustic substances cause inflammation. So that we ought not to use calomel as a topical application during the administration of iodide of potassium.

An Epidemic of Favus Affecting Simultaneously Cattle and Children.—Dr. Gigard reports the occurrence of this epidemic in a village called Nantoin, in the Canton Côte Saint André (*Lyon Medical*, August 15th). Porrigio favosa had existed for several years in the village, but the inhabitants had been heedless of its presence. Many cows were suddenly affected, and at the same time the disease manifested itself among the children. The original culprit, according to the writer, was a calf, which in a somewhat roundabout way communicated the disease to the village cows, and hence to the children.—*Med. Record*.

Ichthyosis.—Marked changes in the nerve-roots in congenital ichthyosis have been found by M. Leloir. The cutaneous nerves presented changes such as have been before described. In the nerve-roots, moreover, at their origin from the spinal cord, a considerable number of nerve-fibers, of both the anterior and the posterior roots, were degenerated, presenting the lesions of "atrophic neuritis," empty sheaths with nuclei here and there, the myelin and axis cylinder having completely disappeared. A few nerve-tubules presented more recent lesions. The spinal ganglia were not examined.—*Lancet*.

A case of profuse intra-cranial hemorrhage, intense headache, vomiting, delirium, absence of hemiplegia, coma, glycosuria, and death is reported in the *Lancet* of September 18th:

H. N., aged thirty-eight, was admitted on May 22, 1880, at 11.30 P.M. He was very pale, his skin was cold and moist, and his pulse was weak; he was delirious, and complained of intense pain in his head. No trace of hemiplegia could be discovered, the patient walking into the ward with the assistance of his friends. The pupils were normal. He was put in bed, and an ice-bag was applied to his head. Shortly afterward there was some vomiting.

At half past one the next morning he became very violent and noisy; at five o'clock he was comatose, and at seven he was dead. Some urine was drawn off by the catheter, and found to contain sugar. It was ascertained from his friends that he appeared in perfect health up to the day of his admission; that he

had spent that day at some pleasure-gardens, and had had no alcohol beyond three glasses of beer; that he was about to start for home when he suddenly complained of severe pain in his head, and shortly afterward became temporarily unconscious on his way to the infirmary.

At the necropsy a dark clot was found filling the lateral, third, and fourth ventricles of the brain; blood was effused over the base of the brain, and had extended upward over the surface of the hemispheres, filling the sulci. The large ganglia and other important structures at the base of the brain were uninjured. No ruptured vessel or aneurism was discovered. The lungs were emphysematous. The heart, liver, spleen, kidneys, and other organs were healthy. There were no marks of external violence.

The Functions of the Eustachian Tube.—Dr. T. F. Rumbold, of St. Louis, has been investigating this subject, and in the *St. Louis Medical Journal* comes to the conclusions that the eustachian tube is not an open passage into the tympanum during the act of deglutition, but that its walls are constantly in slight contact. The air continually permeates the tube into the tympanum. The air in the normal tympanum is not of equal density with that of the surrounding atmosphere, but it is rarefied. One of the functions of the eustachian tube, the principal one perhaps, is the maintenance of this inequality in the density of the air. This rarefied condition of the air causes the concavity of the membrane. A certain degree of uniform pressure on the fluid in the internal ear by means of the membrane and the ossicles is essential to normal hearing.—*Med. Press and Circular*.

An Epidemic of Accidents or Disease?—Have we recently had a mania "wave" to strike the equine population of the city? On one and the same day early in this month we were apprised of almost half a dozen serious results from the action of horses never known before to show any vicious traits. First on the list came Dr. Jacob Geiger, one of whose carriage-horses, perfectly gentle always before, made a furious attack upon the doctor and a little ten-year boy, kicking and stamping the helpless child until death ensued in a few days from the injuries, and so injuring Dr. G. that he is now just able to get out. On the same day Dr. Simmons's usually quiet horse manifested a disposition to "get away" with him, while my own, quiet and kindly as a lamb, made a snap at my own hand and came nigh taking two fingers. On the same day, or possibly the day following, Mr. J. P. Moore, of the Saunders House, received a kick from his horse, the injury from which has just sent him to the grave. Are the horses insane?—*St. Joseph Med. and Surg. Reporter*.

Vomiting as a Symptom.—Professor Potain, alluding to a case at the Necker in which vomiting was a prominent symptom, observed (*Revue Méd.*, August 28), "There is in general much more vomiting in an affection of the brain or in disease of the kidney than in affections of the stomach, excepting cancer which has reached a certain stage. So that when you are in the presence of a patient who is constantly vomiting alimentary matters without the digestive organs manifesting any well-marked sign of disease, your attention should always be immediately turned to the encephalon and to the organs for the secretion of urine." *Med. Times and Gazette*.